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Form	990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Return of Organization Exemple Formula Revenue Code (except black Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black Internal Provided Foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047
2007
Open to Public

Inspection

Α	For the 2	07 calendar year, or tax year beginning $JUL UL$, 2	007, and endi	ing JUI	30,2008			
_	Check if applicable:	Please C Name of organization, number and street, city, town, state, and	ZiPccce D	Employer identifica	ation number			
	Address chan	use IRS I label or	i	20-4475	5403			
Η,	Name change	point or DESTIN CHARITY WINE AUCTION	ΙE	Telephone number	•			
Н	ndal return	type. FOUNDARION TNC	•	850-650-3732				
н	Termnabon	See FOUNDATION INC. Specific 3997 COMMONS DRIVE WEST SUITE F	, <u> </u>	Acctg. method:				
H		III SUICE DE CONTAIN DE CONTAIN	` ['	Other (specify)				
H	Amended retu		110001000					
□ ′	Application pe	drig Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A		• •	tion 527 organizations.			
		(Form 990 or 990-EZ).	1 ''	a group return for affiliates?	∐ Yes ⊠ No			
	Nebsite:		∃` .′	"enter number of affiliates				
		on type (check only one) ► X 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527	H(C) Arealla (lf"No."	affiliates included? " attach a list. See instruction	s). U Yes U No			
	Check hen		H(d) Isthisa	a separate return filed by an				
-		ots are normally not more than \$25,000. A return is not required, but if the	organiz	ation covered by a group rulin	rg? Yes X No			
	organizatio	n chooses to file a return, be sure to file a complete return.	I Group	Exemption Number				
		822, 432.	M Check		zation is not required			
L		pts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 818, 467.		ch Sch. B (Form 990,	990-EZ, or 990-PF)			
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	lances (S	See the instructions)				
	1 Contr	outions, gifts, grants, and similar amounts received						
	a Cor	tributions to donor advised funds 1a						
	b Dire	ct public support (not included on line 1a) . 1b	99,05	0.				
	c Indi	ect public support (not included on line 1a)						
	1	emment contributions (grants) (not included on line 1a)						
	e Tot	al (add lines 1a through 1d) (cash \$ 99,050. noncash \$) 1e	99,050.			
		gram service revenue including government fees and contracts (from Part VII, II	ne 93)	2	· -			
	0.84	the control of the co		3				
	4 Inte	rest on savings and temporary cash investments. RECEIVED	•	4	3,334.			
	5 Dv	dends and interest from securities	CTAT	UTE UNIT				
	6 a Gro		8 135	GEN I				
		10 110 A 5 2017 av 10		15 Pile				
			<u> </u>	60				
Φ	Į.	rental income or (loss) Subtract line 6b from line 6a	MAR	0 8 60				
Revenue		er investment income (describe)						
Š	I		45.80	S MAD MENT				
ш	1	noventory 8a 8b)GDE				
				العرب سعاسة				
	1	n or (loss) (attach schedule)		04				
		gain or (loss) Combine line 8c, columns (A) and (B)		8d				
	1	cial events and activities (attach schedule). If any amount is fromgaming, check	k nere ▶ ∐	: : :				
		ss revenue (not including \$ of	716 00	<u> </u>				
		ributions reported on line 1b)	716,08					
		s. direct expenses other than fundraising expenses	89,33		COC 751			
		income or (loss) from special events. Subtract line 9b from line 9a	•	. 9c	626,751.			
	1	ss sales of inventory, less returns and allowances						
	4	s. cost of goods sold [10b]						
	I .	ss profit or (loss) from sales of inventory (attach schedule). Subtract line 10b fro	om line 10a	10c				
		er revenue (from Part VII, line 103)	•	11	700 105			
	+	al revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	•	. 12	729,135.			
w	13 Pro	gram services (from line 44, column (B))		13	522,806.			
Expenses	1	agement and general (from line 44, column (C))		14	78,436.			
9	15 Fu	draising (from line 44, column (D))		15	134,536.			
ល	16 Par	ments to affiliates (attach schedule)	•	16				
	17 To	all expenses, Add lines 16 and 44, column (A)	··-	17	735,994.			
8	18 ⊟⊲	ess or (deficit) for the year. Subtract line 17 from line 12		18	(6,859.)			
8	19 Ne	assets or fund balances at beginning of year (from line 73, column (A)).		19	196,628.			
Net Assets	20 Ot	er changes in net assets or fund balances (attach explanation)		20				
Ž	21 Ne	assets or fund balances at end of year Combine lines 18, 19, and 20	<u> </u>	21	189,769.			
Fa		ct and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2007)			

Part II Statement of

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I			services	and general	
22 a	Grants paid from donor advised funds (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here	22a				
22 b	Other grants and allocations (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach					
	schedule)	23				
	Benefits paid to or for members (attach schedule)	24				
	Compensation of current officers, directors, key					
	employees, etc. listed in Part V-A	25a	134102.	21506.	21506.	91090.
	Compensation of former officers, directors, key					
	employees, etc. listed in Part V-B	25b				
	Compensation and other distributions, not included					
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in section					
	4958(c)(3)(B)	25c				
	Salaries and wages of employees not included on		20002		20002	
	lines 25a, b, and c	26	30093.		30093.	
	Pension plan contributions not included on lines					
	25a, b, and c	27				
	Employee benefits not included on lines 25a - 27	28				
	Payroll taxes	29				
	Professional fundraising fees .	30	5629.		5629.	
	Accounting fees. Legal fees	31 32	3029.		3023.	
	Supplies	33	6191.		6191.	
	Telephone	34	3660.		3660.	
	Postage and shipping	35	1093.		1093.	
	Occupancy	36	10000.		10000.	
	Equipment rental and maintenance	37	100001		10000	
	Printing and publications .	38	11928.			11928.
39	Travel .	39	7510.	<u>-</u>		7510.
	Conferences, conventions, and meetings	40	6931.			6931.
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42	480.		264.	
	Other expenses not covered above (itemze)					
а	TV VIDEO PRODUCTION	43a	4845.			4845.
b	MID BAY MEDIA	43b	12232.			12232.
С	CHARITABLE SUPPORT	43c	501300.	501300.		
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through					
	43g (Organizations completing columns		707001	50000	70.00	124505
	(B) - (D), carry these totals to lines 13 - 15)	44_	735994.	522806.	78436.	134536.
	Costs. Check ▶ ☐ if you are following SOP 98-2.					
	ny joint costs from a combined educational campaign ar	nd fund				Yes 🛚 No
	s," enter (i) the aggregate amount of these joint costs\$_				Program services \$	
(III) tr	e amount allocated to Management and general \$, and (iv) t	ne amount allocated	to Fundraising \$	Form 990 (2007)

Fe	art III	Statem	ent of P	rogram	Service A	<u> Accompl</u>	<u>isnme</u>	nts (See	the inst	ructions	·)			
For	m990	is available	for public	inspection	n and, for so	me people,	serves a	s the prim	ary or sole:	source of in	formation	about a	a parti	cular organization.
Но	w the p	ublic perceir	ves an org	anization	in such case	≘s may be o	determine	ed by the ii	nformation p	presented o	on its return	ı. Then	efore,	please make
sun	e the re	turn is com	plete and	accurate a	and fully des	cri <u>bes,</u> in P	art III, th	e organiza	tion's progra	ams and ac	complishn	nents		
Wh	natisth	e organizati	on's prime	ry exemp	t purpose?	► F	RAISE	FUND	S FOR	CHARI	TY			Program Service
All (organız	ations must	describe	their exer	npt purpose	achieveme	ntsınad	lear and c	onase man	ner State t	he numbe	r of die	nts	(Required for 501(c)(3)
ser	ved, pu	blications is	sued, etc.	Discuss a	achievement	bsthatare r	not meas	urable. (Se	ection 501(c)(3) and (4) organizat	ons ar	nd	and (4) orgs., and 4947(a)(1) trusts, but
494	17(a)(1)	nonexemp	t chantable	e trusts m	ust also ente	er the amou	nt of gra	nts and all	ocations to	others.)				optional for others.)
а					AWARE									
					COOPE									
	<u>AMO</u>	NG VAF	RIOUS	BENE	FICIAR	Y CHAF	RITIE	S ON	<u>EMERAI</u>	LD COA	ST	_		
			_											
		_												
									<u>.</u>					
	(Grant	s and alloca	ations \$)	If this	amount in	dudes forei	gn grants, o	check here	<u> </u>	Ш	501300.
b														
			_											
	(Grant	s and alloca	ations \$)	If this	amount in	dudes forei	gn grants, o	check here	· •		
C														
														I
	(Grant	s and alloca	ations \$)	If this	amount in	dudes forei	gn grants, o	check here	• •	$\perp \perp$	
d														
			_											
								<u> </u>						
	(Grant	s and alloca	ations \$)	If this	amount in	dudes fore	gn grants, o	check here	; ▶	$\perp \perp$	
е		program s		tach sche	odule)									
		s and alloca							dudes fore		check here	. ▶_		
f	Total o	of Program	Service E	Expenses	s (should eq	ual line 44.	column ((B), Progra	am services)			•	501300.

rant i	<u> </u>	Estimate Sheets (See the instructions.)			
Not		Where required, attached schedules and amounts within the description	(A)		(B)
		column should be for end-of-year amounts only	Beginning of year	\bot	End of year
	45	Cash - non-interest-bearing	623,248.	45	<u> 189,894.</u>
	46	Savings and temporary cash investments		46	
	ŀ				
	47a	Accounts receivable 47a 47a			
	b	Less allowance for doubtful accounts 47b	19,380.	47c	
	48a	Pledges receivable	_		
	1	Less. allowance for doubtful accounts 48b	-	48c	
		Grants receivable	·	49	
50. 51. 51. 52. 52. 53. 54.	50a	Receivables from current and former officers, directors, trustees, and key			
		employees (attach schedule)		50a	
	Ь	Receivables from other disqualified persons (as defined under section 4958(f)(1)			
Assets	l	and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
		schedule) 51a	-	-	
\$		Less: allowance for doubtful accounts	 	51c	
8		Inventories for sale or use		52	
Q		Prepaid expenses and deferred charges		53	· · · · · · · · · · · · · · · · · · ·
		Investments - publicly-traded securities . Cost FMV Investments - other securities (attach schedule) Cost FMV		54a	·
	1			54b	
	55a	Investments - land, buildings, and			
		equipment basis 55a	1		
	6	Less accumulated depreciation (attach schedule). 55b		55c	
				56	
	1	Investments - other (attach schedule)			
	1	Less: accumulated depreciation (attach	1		
	"	schedule)		57c	1,385.
	58	Other assets, including program-related investments		+==+	
		(describe ▶		58	
	59	Total assets (must equal line 74) Add lines 45 through 58	642,628.	59	191,279.
		Accounts payable and accrued expenses	446,000.	60	1,294.
	61	Grants payable		61	
	62	Deferred revenue		62	
<u>8</u>	63	Loans from officers, directors, trustees, and key employees (attach			
薑	ļ	schedule)		ಟ	
Liabiliti	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe •)		65	
	1			1 1	
	66	Total liabilities. Add lines 60 through 65	446,000.	66	1,294.
	Org	anizations that follow SFAS 117, check here 🔻 🗓 and complete lines 67			
		through 69 and lines 73 and 74.	106 600		100 005
8	l l	Unrestricted	196,628.	67	189,985.
2	1	Temporanly restricted		68	
Ξ,		Permanently restricted		69	
Assets or Fund Balances	Org	anizations that do not follow SFAS 117, check here and complete	}		
压		lines 70 through 74.		70	
8		Capital stock, trust principal, or current funds		70	
8	1	Paid-in or capital surplus, or land, building, and equipment fund		72	
₹	1	Retained earnings, endowment, accumulated income, or other funds		12	
2	/3	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must see all lines 19 and others (R) must see all lines 21	196,628.	73	189,985.
		70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21.	642,628.	74	191,279.
	14	Total liabilities and net assets/fund balances. Add lines 66 and 73	1 042,020.	1 14	1J1,413.

Form 990 (2007) DESTIN CHARITY WINE AUCTION	20-4473403 Pag	,e 0
Part IV-A Reconciliation of Revenue per Audited Financia	al Statements With Revenue per Return	
. (See the instructions.)		
a Total revenue, gains, and other support per audited financial statements		
b Amounts included on linea but not on Part I, line 12:		
1 Net unrealized gains on investments	ы	
2 Donated services and use of facilities	. b2	
3 Recoveries of prior year grants	b3	
4 Other (specify)		
	b4	
Add lines bt through b4	b	
c Subtract line b from linear	c	
d Amounts included on Part I, line 12, but not on linea:		
1 Investment expenses not included on Part I, line 6b .	d1	
2 Other (specify)		
	d2	
Add lines of 1 and of 2	. d	
e Total revenue (Part I, line 12) Add linesc and d	▶ e	
Part IV-B Reconciliation of Expenses per Audited Finance	ial Statements With Expenses per Return	
a Total expenses and losses per audited financial statements		
b Amounts included on linea but not on Part I, line 17.		
1 Donated services and use of facilities	. b 1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify)		
	b4	
Add lines b1 through b4	b	
c Subtract line b from linea	<u>c</u>	
d Amounts included on Part I, line 17, but not on linea:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify)		
	d2	
Add lines d1 and d2	. d	
e Total expenses (Part I, line 17) Add lines c and d	 ▶ e	
Part V-A Current Officers, Directors, Trustees, and Key E	Employees (List each person who was an officer, director,	

trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

	e at any time during the yea	7			·
(A)	(B)		(C)	(D) Contributions to	(E)
Name and address	Title and average h		Compensation(If	employee benefit plans	
	per week devoted to p	osition	not paid, enter -0)	& deferred comp plans	and other allowances
JOAN CARTER					
15400 ECP PH7A	PRESIDENT	10	0		
DEBBIE COOPER					
4476 LEGENDARY DR	TREASURER	1	0		
TODD VUCOVICH					
4476 LEGENDARY DR	SECRETARY	1	0		
TODD VUCOVICH					
4476 LEGENDARY DR	EXEC DIR	40	86,025.		
LAMAR CONERLY					
PO BOX 1983	CHAIRMAN	1	0		
ELAINE TUCKER					
4476 LEGENDARY DR	DIR EVENTS	40	48,077.	3,462.	
STEVE CARTER					
15400 ECP PH7A	DIRECTOR	10	0		
					E 000 (000E

Form	990 (2007	DESTIN CHARI	TY WINE AUCTION		20-4	475403	3 Page (6
Par	t V-A	Current Officers, Di	rectors, Trustees, and K	ey Employees (a	ontinued)		Yes No	<u> </u>
7,5a	Enter the		ctors, and trustees permitted to		ness at board			
	meetings				•			
b	Areanyo	ficers, directors, trustees, o	r key employees listed in Form 9	990, Part V-A, or highest α	ompensated employees			
	-		compensated professional and					
			through family or business relati					
		uals and explains the relatio				75b	X	_
c		•	key employees listed in Form 9	90. Part V-A. or highest og	rmpensated employees lis			
-			ensated professional and other					
			y other organizations, whether t					
			rition of "related organization"			▶ 75c	X	_
			les the information described in	the instructions				
d	•	organization have a written				75d	X	_
	t V-B		ectors, Trustees, and K	ev Employees That I	Received Compens			_
		or Other Benefits	cotors, rrustices, and ru	oy Employees mac.	Cocivou oci ipono	440.1		
			tor, trustee, or key employee red	newed compensation or of	her handlits (described he	alcus) di mor	the veer	
		•	enter the amount of compensat	*	<u>=</u> '	-		
		iist ii iai paisu i balowand	ana nearmino corpeisar	(C) Compensation	(D) Contributions to		nse accou	_
	(A) N	ame and address	(B) Loans and Advances	(if not paid,	employee benefit plans	` ′ '		
				enter -0-)	& deferred comp plans	audia	allowal loc	~
				- Gila -0-)	adelerating plans			-
			4					
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Pa	rt VI	Other Information	·				Yes No	<u>`</u>
76		-	n its activities or methods of con	nducting activities?				
	•	ttach a detailed statement o	•		•	76	X	_
77	Were any	changes made in the organ	nizing or governing documents b	ut not reported to the IRS	? .	77	X	_
	•	ttach a conformed copy of ti	•					
78a		_	usiness gross income of \$1,000	or more during the year o	overed by this return?	78a	X	
b	If "Yes," h	as it filed a tax return on For	m 990-T for this year?			78b	_	_
79	Was there	e a liquidation, dissolution, to	ermination, or substantial contra	ction during the year? If "Y	es," attach a statement	79	X	_
80a	Is the orga	anization related (other than	by association with a statewide	or nationwide organization	n) through common			
	membersl	nip, governing bodies, truste	es, officers, etc., to any other ex	kempt or nonexempt organ	nization? .	80a	X	
b	lf"Yes," e	nter the name of the organia	zation ▶			_		
			and	I check whether it is	exemption I nonexemp	t		
81a	Enter dire	ct and indirect political expe	nditures. (See line 81 instruction	ns)	81a			
_b	Did the or	ganization fileForm 1120-P	OLfor this year?			816	X	_
						Form 9	990 (200	7)

	n 990 (2007) DESTIN CHARITY WINE AUCTION 20-447		Yes	T		
$\overline{}$	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at			t		
	substantially less than fair rental value?	82a	x	l		
h	If "Yes," you may indicate the value of these items here. Do not include this amount			t		
	as revenue in Part I or as an expense in Part II (See instructions in Part III) . 82b 100,000.					
27.3	Did the organization comply with the public inspection requirements for returns and exemption applications?	. 83a	Х	t		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	t		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		t		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			t		
-	tax deductible?	84b		t		
R5a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		t		
b	T	85b		t		
J	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			t		
	warver for proxy tax owed for the prior year	}		l		
_	Dues, assessments, and similar amounts from members		1	ļ		
٦	Section 162(e) lobbying and political expenditures	1	i	l		
d	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	1	Ī	١		
e f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1				
-	(85g	1	t		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	CON S	L	Ŀ		
h	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		Τ		
~	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	8371		╁		
B6 _			· · ·	ŧ		
		-	-	╁		
B7	33 (4)(1-) 4-3-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1		١		
D	Gross income from other sources (Do not net amounts due or paid to other sources		1	İ		
~ ~-	against amounts due or received from them.)	-	1	١		
bBa	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or					
	partnership, or an entity disregarded as separate from the organization under Regulations sections			t		
_	301 7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	 	╀		
þ	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning			l		
	of section 512(b)(13)? If "Yes," complete Part XI	88b	 	+		
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under:		1	l		
_	section 4911▶, section 4912 ▶; section 4955 ▶	-{				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		۔			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		}	ł		
	a statement explaining each transaction	896	<u> </u>	L		
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	· 100 0	ه ۽ و	5.		
	sections 4912, 4955, and 4958	}	-			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	-	γ -	Т		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	. 89e	├ -	+		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<u></u>	1		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization	4	т —	T		
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		1		
	List the states with which a copy of this return is filed					
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b					
	· · · · · · · · · · · · · · · · · · ·	0-65	0-3	<u> </u>		
91a	Located at ▶ 3997 COMMONS DRIVE WEST K DESTIN FL ZP+4▶ 32541-					
91a			<u></u>	,		
			1	:[
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	_		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 91b	 			
		. 91b	 	<u> </u>		

	Other Information (cor At any time during the calendar year, o		maintain an office o	utside of the United	d States?	91c	N
·	If "Yes," enter the name of the foreign	=				[_
92	Section 4947(a)(1) nonexempt charital	ble trusts filing Form?	990 ın lieu o Form	1041 - Check here			•
	and enter the amount of tax-exempt in				. ▶ <u>92</u>		
Pa	rt VII Analysis of Income-Pro	oducing Activitie	See the ins	tructions.)			
	: Enter gross amounts unless	Unrelated busi	iness income	Excluded by sed	ion 512, 513, or 514	(E)	
	wise indicated.	(A) Business	(B)	_ (C)	(D)	Related or exer function incon	
	Program service revenue.	code	Amount	Exclusion code	Amount		_
)			+			_
	D			+ +			_
				+			_
	<u> </u>	-		+ +	··-		_
	Medicare/Medicard payments		·	 			_
-	Fees and contracts from government	-		1			_
,	agencies						
94	Membership dues and assessments .						_
	Interest on savings and temporary						_
	cash investments					3,33	3 4
96	Dividends and interest from securities					•	_
	Net rental income or (loss) from		erregeja <u>ja ma.</u>	nas assess <u>i</u>	ನ್ನಡ ಉಪ್ಪಡಿಸುವ ಮು		
	real estate.						
á	a debt-financed property						
t	not debt-financed property						
98	Net rental income or (loss) from						
	personal property .						
99	Other investment income .			ļ			
100	Gain or (loss) from sales of assets						
	other than inventory	•				<u> </u>	- 1
	Net income or (loss) from special events			+		626,75	
	Gross profit or (loss) from sales of inventory			-			_
_	Other revenue: a			 			_
	·			 			_
	3 4	 					_
							_
	Subtotal (add columns (B), (D), & (E))				*	630,08	3.5
	Total (add line 104, columns (B), (D),				•	630,08	
	: Line 105 plus line 1e, Part I, should ed	` ''	ne 12. Part I				
	t VIII Relationship of Activi			f Exempt Purp	oses (See the instru	uctions.)	_
Lir	ne No. Explain how each activity for v						t
	▼ organization's exempt purpos	es (other than by prov	uding funds for su	ich purposes)			
		<u>.</u>					_
							_
							_
					6 " 1		_
Pai	t IX Information Regarding						
ŀ	Name, address, and ElN of corporation,	(B) Percentage of	Nature of	activities	(D) Total income	(E) End-of-year	r
	partnership, or disregarded entity	ownership int.				assets	_
		%	 				-
	•	%	 				_
	·	%	 				-
Pa	rt X. Information Regarding		1	ersonal Benefit	Contracts (See II	ne instructions)	_
	Did the organization, during the yr, re						₹
	,,,,,,,,		,,, w		- ,	— Н F	$\vec{\lambda}$

Pa	rt XI			ers To and From Con	trolled Entities.	Complete only if	the organizatio	n is a	
	-	controlling organization a	is defined in sec	tion 512(b)(13)	_	-		Yes	No
106		e reporting organization ma " complete the schedule b	•	s to a controlled entity as dentrolled entity	efined in section 512(b)(1	3) of the Code?		103	-110
		(A)		(B)	(C)		(D)		
		Name, address, of e	ach	Employer Identification	Descriptio	n of	Amount of	trans	fer
		controlled entity		Number	transfe	<u>.</u>			
а									
b	•								
С									
-		Totals		<u> </u>	<u>.</u>				
				=				Yes	No
107	Did the	e reporting organization rec	eive any transfe	ers from a controlled entity	as defined in section 512	2(b)(13) of the Co	de?		
	If "Yes	," complete the schedule b	elow for each co	ontrolled entity					
		(A)		(B)	(C)		(D)		
		Name, address, of e	ach	Employer Identification	Description	n of	Amount of	trans	fer
		controlled entity		Number	transfe	<u> </u>			
a									
b									
c									
					 -	-			
		Totals							
		••		<u> </u>			<u> </u>	Yes	No
108	Did the	organization have a hindi	na watten contr:	act in effect on August 17, 2	2006 covering the interes	t rents rovalties		162	NO
		nuities described in questi	-	iot in elicot on ragust 17, 2	.ooo, covering the interes	n, rema, royanica	'		
	und un	· · · · · · · · · · · · · · · · · · ·		I have examined this return	i including accompanying	n schedules and	statements and	to the	
				e, correct, and complete D					•
DIA	ase	infermation of which prep		· ·	onaranon or property (on		/		
				_		/	/		
Sig			12			2/24/	12		
He	re	Signature of officer	/ 			Date			
		JUDD JACKS	ON		TREASURER	ι /			
		Type or print name a	ind title						
		Preparer's		Date	Check if se	If Preparer's	SSN or PTIN (See	Gen Ins	t X)
Paid		signature EDWAR	D S COWE	EN JR 12/19	3/2011 employed		637316		
Prep	arer's	Firm's name (or yours	COASTAL	ACCOUNTING OF	NW FL	1			
Use	Only	ıf self-employed),	1150 AIF	RPORT ROAD UNI	Т 172	EIN 20-	-3857349		
		address, and ZIP + 4	DESTIN F	FL 32541-		Phone no	850-654		
					·····		Form	990	(2007

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treesury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ OMB No 1545-0047

2007

DESTIN	CHARITY WINE AUCTION	Ī		20-447540					
Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees								
	(See the instructions. List each one. If th								
(a) Name an	d address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	on (d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances				
				-					
		:							
Total number o	of other employees paid over								
\$50.000 .	oria arpoyaas pad ova				the same to a second As				
Part II-A	Compensation of the Five High	nest Paid Independent (Contractors fo						
r are ii A	(See the instructions. List each one (who	_							
(a) Name	and address of each independent contract			oe of service	(c) Compensation				
(a) Tane			(4)		(4)				
					<u> </u>				
			<u> </u>	· · · · · · · · · · · · · · · · · · ·					
Total number of	of others receiving over \$50,000 for								
professional se					e de la				
Part II-B	Compensation of the Five High								
	(List each contractor who performed ser	•	ervices, whether in	dividuals or					
() 11	firms If there are none, enter "None." S		(b) T		(a) Componentian				
(a) Name	and address of each independent contrac	ator pard more than \$50,000	(a) iy	pe of service	(c) Compensation				
 									
				•					
Total number of	of other contractors receiving over								
	ner services								
	k Reduction Act Notice, see the Instruc	tions for Form 990 and Form	990-EZ.	Schedule A (Form 9	990 or 990-EZ) 2007				

US990A\$1

Schedule A (Form 990 or 990-EZ) 2007

amounts in such funds or accounts

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of

g. Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.

	reasonto tori in	acc i oai kaagoii o	tatus (See the instructions.	,				
ertify that	the organization is not a private	foundation because it	is. (Please check onlyONE app	icable box)				
5 A	church, convention of churches	i, or association of chur	rches. Section 170(b)(1)(A)(i)					
6 A	school Section 170(b)(1)(A)(ii)	(Also complete Part V	′)					
/ [] A	hospital or a cooperative hospi	al service organization	L Section 170(b)(1)(A)(iii)					
B A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)								
	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii)Enter the hospital's name, city, and state.							
	n organization operated for the Nso complete the Support Sch e	-	university owned or operated by	a governmental unit. Secti	on 170(b)(1)(A)(iv)			
	n organization that normally reception 170(b)(1)(A)(vi) (Also co			ental unit or from the genera	al public.			
- [] A	community trust. Section 170(b)(1)(A)(v). (Also compl	ete the Support Schedule in Pa	rt (V-A.)				
re su	n organization that normally reconcepts from activities related to apport from gross investment in ganization after June 30, 1975.	its chantable, etc., func come and unrelated bu	tions - subject to certain excep siness taxable income (less se	tions, an (2) no more than a ction 511 tax) from busines	33 1/3 %of its			
_	n organization that is not contro quirements of section 509(a)(3) Type I	Check the box that de			meets the			
_	Provide the fo	lowing information at	4.40					
		ioni g i i a i i a i a	oour the supported organizati	ons.(See the instructions)				
Name(s) ((a) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC	ons.(See the instructions) (d) Is the supported organization listed in the supporting organization's gover- ning documents?	(e) Amount of support			
Name(s) (• • • • • • • • • • • • • • • • • • • •	(b) Employer identification	(c) Type of organization (described in lines 5 through 12	(d) Is the supported organization listed in the supporting organization's gover-	Amount of			
Name(s) (• • • • • • • • • • • • • • • • • • • •	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(d) Is the supported organization listed in the supporting organization's governing documents?	Amount of			
Name(s) (• • • • • • • • • • • • • • • • • • • •	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(d) Is the supported organization listed in the supporting organization's governing documents?	Amount of			
Name(s) (• • • • • • • • • • • • • • • • • • • •	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(d) Is the supported organization listed in the supporting organization's governing documents?	Amount of			
Name(s)	• • • • • • • • • • • • • • • • • • • •	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(d) Is the supported organization listed in the supporting organization's governing documents?	Amount of			
Name(s)	• • • • • • • • • • • • • • • • • • • •	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(d) Is the supported organization listed in the supporting organization's governing documents?	Amount of			

Schedule A (Form 990 or 990-EZ) 2007

ale		(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
5	Gifts, grants, and contributions received. (Do not include unusual grants.					T	
	See line 28)	776456					776456
16	Membership fees received						
17							
	performed, or furnishing of facilities in any activity that is						
	related to the organization's chantable, etc., purpose						
18	Gross income from interest, dividends,						
	amounts received from payments on securities loans (section 512(a)(5)),						
	rents, royalties, income from similar sources, and unrelated business tax-						
	able income (less section 511 taxes)						
	from businesses acquired by the organization after June 30, 1975	62					62
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the						
	organization's benefit and either paid to it or expended on its						
	behalf	1					
21	The value of services or facilities						
	furnished to the organization by a governmental unit without						
	charge. Do not include the value of services or facilities generally						
	furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from						•
	sale of capital assets						
23	Total of lines 15 through 22 .	776518					776518
24	Line 23 minus line 17	776518					776518
_	Enter 1% of line 23	7765					
26	Organizations described on li	nes 10 or 11: a Enter	2% of amount in colu	rm (e), line 24	•	26a	
b	Prepare a list for your records to	o show the name of and	amount contributed	by each person (other	thana		
	governmental unit or publicly su	ipported organization) w	hose total gifts for 20	002 through 2005 exce	eded the		
	amount shown in line 26a. Do n			tal of all these excess	amounts . >	26b	
	: Total support for section 509(a)		olumn (e)		▶	26c	
d	Add Amounts from column (e)	_		_ 19			
		22 _				26d	
	Public support (line 26c minus l	•		•	•	26e	
	Public support percentage (lin					26f	9
27	Organizations described on li						
	person," prepare a list for your r				ear from, each "dis	equalified (person"
	Do not file this list with your r					-\	
	(2006)	(2005)		(004)	(200)	-	
E	For any amount included in line		•	•		•	
	show the name of, and amount	-					
	(Include in the list organizations		•	•	•		
	computing the difference betwee		rano menangerano.	ntaesarbeari(ii) ar (2	g, enter the sormor	unese um	aales
	(the excess amounts) for each y		(2)	2004)	(200	3/	
	(2006)	(2005)	(2	(004)	(200	" ——	
_	: Add: Amounts from column (e)	for lines 15	77645	6 16			
·	` '	10 III	77043	21		27c	776456
_	17 Il Addr Line 27a total		and line 27b		·	27d	770430
	Public support (line 27c total m	unus line 27d total)	a wille 2/L		· •	27e	776456
	Total support for section 509(a)	•	mm line 23 mlimn (e) . ▶ 27f	776518		770130
	Public support percentage (li			· · · · · · · · · · · · · · · · · · ·		27g	99.99 %
	g rublic support percentage (iii n Investment income percentag	•	,	**	•	27h	0.01 %
	Unusual Grants: For an organi						
ون	list for your records to show, for			-	-		
	nature of the grant. Do not file					,pu	

Ę		bying Expenditures	•			instructions.)			
Chi		ne completed ONLY by an rganization belongs to an				ecked "a" a	and "Ilmi	ited o	control" provisions apply	
	(The t	Limits on Lobbyir		ed)		Affiliate	a) ed group eals		(b) To be completed for all electing organizations	
36		fitures to influence public			36					
	• • •	titures to influence a legis			37					
	• • •	fitures (add lines 36 and 3	• • •		38					
	Other exempt purposi	•			39				<u> </u>	
		e expenditures (add lines :			40				i	
		amount. Enter the amoun	•	·-					<u> </u>	
• •	If the amount on line		he lobbying nontaxable							
	Not over \$500,000 .		0% of the amount on line	_						
	Over \$500,000 but no		00,000 plus 15% of the excess o	ver \$500,000	- [ĺ	
	•		75,000 plus 10% of the excess o	ver \$1,000,000	41					
		not over \$17,000,000 sa	25,000 plus 5% of the excess ow	er \$1,500,000						
	Over \$17,000,000 .	\$	1,000,000							
42	Grassroots nontaxable	e amount (enter 25% of I	ne 41)		42					
43	Subtract line 42 from	line 36. Enter -0- if line 42	2 is more than line 36.		43					
44	Subtract line 41 from	line 38 Enter -0- if line 41	1 is more than line 38	•	44					
						lagger a state.	د ه	3÷.	559 · w. # #	
	Caution: If there is an	n amount on either line 43	or line 44, you must file	Form 4720	L					
	-	4-Year	Averaging Period U	Inder Section	n 501 (n)				
	(Same a	organizations that made a	section 501(h) election o	do not have to co	mplete :	all of the five	colum	ns be	wok	
			See the instructions for l	nes 45 through s	50.)					
			Lobbying Expen	ditures During	4-Year A	veraging P	eriod			
	lendar year (or fiscal	(a)	(a) (b) (c)			-	d)		(e)	
	ar beginning in) ▶	2007	2006	2005		20	004		Total	
45	Lobbying									
	nontaxable amount .		<u> </u>							
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying									
	expenditures								·	
48	Grassroots									
	nontavable amount	<u> </u>								
49	Grassroots ceiling amount (150% of line 48(e))		001:00:-===			. 6 = 0	> - c cc	es 6	-	
50	Grassroots lobbying									
	expenditures				_					
F	Part VI-B Lob	bying Activity by N	onelecting Public (Charities						
	(For	reporting only by organiza	ations that did not comple	te Part VI-A) (Se	e the in	structions.)			·	
Du	ring the year, did the o	rganization attempt to infl	uence national, state or l	ocal legislation, i	nduding	any	Yes	No	Amount	
atte	empt to influence publi	c opinion on a legislative	matter or referendum, thi	rough the use of					/ / / / / / / / / / / / / / / / / / /	
а	Valunteers				•			<u>X</u>	1	
b	Paid staff or manag	gement (Include compens	ation in expenses reporte	ed on lines throu	gh h .)			X		
C	Media advertiseme	nts						X		
d	Mailings to member	rs, legislators, or the publ	ıc ,					Χ		
е	Publications, or put	olished or broadcast state	ments					Χ_		
f	Grants to other orga	anizations for lobbying pu	rposes					Χ		
Q	Direct contact with	legislators, their staffs, go	overnment officials, or a le	egislative body				Χ		
h	Railies, demonstrat	tions, seminars, conventio	ons, speeches, lectures, o	or any other mea	ns .			X		
i	Total Johhung eyne	enditures (Add linesc throi	uch h)				1			
•	rous roosyn ig out	(,			•					

:		_					OMB No 1	545-0172
Form 4562-FY		Depn	eciation and .	Amortiza	tion		20	∩7
Occasional of the Towns a.		(Includ	ing Information or	Listed Prop	erty)		Attachmer	••
Department of the Treasury Internal Revenue Service		▶ See sep	arate instructions.	Attach to you	r tax return.		Sequence	
Name(s) shown on return	<u> </u>		Business or a	ctivity to which th	s form relates		Identifying r	number
DESTIN CHARI		E AUCTIO		DEPRECI.				475403
			y Under Section 179			 		
	•		omplete Part V before y	nu complete Part				
					<u>. </u>	· T	1 \$125	,000.
1 Maximum amount. S				cases		<u> </u>		,000.
2 Total cost of section			•			⊢	2 0500	000
3 Threshold cost of se	·•	• •				- · · · · -		<u>,000.</u>
			L If zero or less, enter -0		••	··· ···· ⊢	4	
5 Dollar limitation for ta	exyear Sub	otract line 4 from	line 1 Ifzero or less, er	nter-0-lfmamed	t			
filing separately, see	instructions		· · · · · ·				5	
(a) Des	cription of pr	operty	(b) Cost (bus	iness use only)	(c) ⊟e	cted cost		
6	_							
7 Listed property Enti	er the amou	nt from line 29			7			
			mounts in column (c), lin	nes6and7			8	
9 Tentative deduction			, , ,			.	9	
10 Carryover of disallov						·	0	
11 Business income lim			•		ne 5/see instri	` 	1	
12 Section 179 expense			,	•	E 5 (300 II 30)	· · ·	2	
·			·	_	<u>al</u>	· · · · · · · · · · · · · · · · · · ·		
13 Carryover of disallov					3			
Note: Do not use Part II		•	' ' 					
	•		Other Depreciation(Do			e instruction	is)	
14 Special depreciation	allowance f	or qualified prope	erty (other than listed pro	pperty) placed in s	service during			
the tax year (see ins	tructions)		•	•	•	1	4	
15 Property subject to s	ection 168(f)(1) election .				<u>[1</u>	5	
16 Other depreciation (i	nduding AC	XRS) .		·		1	6	
Part III MACRS D	epreciation	(Do not include	listed property) (See ins	tructions.)				
			Section A	4				
17 MACRS deductions	for assets pl	aced in service in	n tax years beginning be	fore 2007 .		1	7	480.
18 If you are electing to	oroupanva	essets placed in s	ervice during the tax ve	ar				
into one or more ger		-				▶ □		
			ervice During 2007 Tax	Year Using the	General Denn	eciation Svs	tem	
	<u> </u>	(b) Month and	(c) Basis for depr	(d) Recovery		(f) Method		eciation
(a) Classification of	property	year placed in service	(business/investment use	period	(e) Convention	(I) IVELIC	deduc	
40n 2 mor named :		Service	only - see instructions)	pundu.				
19a 3-year property		in arms in the s		<u> </u>		_		
b 5-year property								
c 7-year property					<u>-</u>			
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				25 yrs.		S/L		
h Residential rental				27 5 yrs.	MM	S/L		
property				275 yrs.	MM	S/L	_	
i Nonresidential rea	4			39 yrs.	MM	S/L		
property			· -	T /	MM	S/L		
	tion C-Asses	ts Placed in Ser	vice During 2007 Tax \	Cear Using the A	·,	<u> </u>	vetem	
20a Class life		- I RECUITION	THE COLUMN TENT			S/L	,	
				12 yrs.		S/L	 	
b 12-year				 	104	 	+	
c 40-year	4	<u>L</u>		40 yrs.	MM	S/L_	1	·
	(see instruc						1	
21 Listed property E				•	••	2	<u>n </u>	
22 Total. Add amour	nts from line	12, lines 14 throu	ugh 17, lines 19 and 20	ın column (g), anı	d line 21			
Enter here and on	the appropr	nate lines of your	return. Partnerships an	dScorporations	- see instruction	ons . 2	2	480.
23 For assets shown	above and p	placed in service	during the current year,	enter the				
portion of the basi	s attributable	e to section 263A	mets		23			